

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6622

State File No.

1559

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY 17			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Paroute to City Hospital - 3				d. STREET ADDRESS (If rural, give location) 2315 1/2 UNION BL. D			
3. NAME OF DECEASED (Type or Print) ELLA RUDOLPH		a. (First)		b. (Middle)		c. (Last)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 14 - 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS + FITTER		10b. KIND OF BUSINESS OR INDUSTRY TAILORING BUSINESS		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME THEODORE RAU		13b. MOTHER'S MAIDEN NAME MARY KRUMHOLTZ		14. NAME OF HUSBAND OR WIFE EDWARD G. RUDOLPH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-14-9893		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward G. Rudolph			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage; Ruptured Spleen, when the automobile				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSE (b) she was riding in and being driven by E. G. Rudolph					
		DUE TO (c) was struck by a automobile driven by John Allen Gertler at the intersection of Kingshighway and Laclede Avenue					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Feb 15 1949		19b. MAJOR FINDINGS OF OPERATION 10:40 pm Feb 15 1949 Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 15 1949 10:40 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph M. Zucan Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 19 - 1949		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	
DATE REC'D BY LOCAL REG. FEB 18 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Mullen and Co 5165 Delmar BL			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed *A. L. Farris*

Licensed Embalmer No. *3384*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.